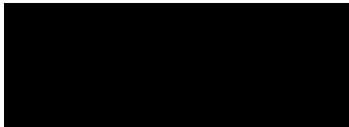




(207) 874-0909  
Fax (207) 541-9077  
www.ptlawoffice.com

MEMORANDUM

TO: 

FROM: Peter Thompson & Associates

Thank you again for choosing Peter Thompson & Associates to represent you in your personal injury matter. We value your feedback and would appreciate you taking a moment to respond to the following questions and then returning it to our office in the self-addressed stamped envelope.

Using the scale below please rate Peter Thompson & Associates in the following categories:

- 1 = poor
- 2 = fair
- 3 = average
- 4 = good/above average
- 5 = excellent

A. Categories \_\_\_\_\_ Score (please circle one)

Communication Ability	1	2	3	4	5
Responsiveness	1	2	3	4	5
Quality of Service	1	2	3	4	5

B. Overall Satisfaction of Services

1) Would you recommend the services of Peter Thompson & Associates in the future? *Absolutely!*

2) If your answer to question number 1 above is no, please explain why and what you feel our office could do better in the future.

3) Please provide any additional feedback or comments that you may have regarding the service you received at Peter Thompson & Associates.

*I would gladly seek Peter Thompson & Associates services for any of my future needs*